



Tennessee Department of Children's Services Voluntary Placement Agreement

(I)(We), _____

the father ☐ mother ☐ guardian ☐ of _____
(Name) (Birth date)

do hereby authorize the Tennessee Department of Children's Services to place the above identified child in foster care until (I)(We) can again assume responsibility for (his)(her) care.

(I)(We), also, hereby authorize the Tennessee Department of Children's Services, or any agency designated by the Department, to consent to any necessary medical, surgical, or dental treatment recommended by a licensed physician or dentist.

(I)(We), also, agree to cooperate with the Department of Children's Services in the care and planning for the best interest of (my)(our) child including:

1. payment of \$ _____ per week ☐ month ☐ toward the support of said child;
2. arranging visits through the case manager at such time as are agreed upon by the Department, the foster parents and (me)(us);
3. advising the case manager of any changes of circumstances which would affect the amount of contribution towards support;
4. advising the case manager promptly of change of address; and
5. not to remove the child from foster care until the matter has been discussed with the case manager.

The Department of Children's Services agrees to:

1. provide care for the above identified child in an appropriate foster care facility;
2. keep the parent(s) ☐ guardian ☐ advised regarding the child and specifically to notify the parent(s) ☐ guardian ☐ as soon as possible of any serious illness or accident; and
3. assist the family in determining and providing an appropriate permanency plan.

Termination of this agreement shall be effected upon return of the child to the parent(s) ☐ guardian ☐, or by subsequent court action which would take precedence over this agreement.

Entered into this _____ day of _____, _____.

Signature of Mother

Signature of Case Manager

Address

Signature of Team Leader

Signature of Father

County

Address

Street Address-P.O. Box

Signature of Guardian

City

Address

This agreement terminated by: return to parent(s) ☐, court action ☐. Type _____, Court _____,
Book _____ Page _____ on _____, _____.

Signature of Mother

Signature of Case Manager

Signature of Father

Signature of Team Leader

Signature of Guardian

Check the "Forms" Webpage for the current version and disregard previous versions. This form may not be altered without prior approval.

Distribution: Copy Child's Record
Parent/Guardian
Supervisor

